PRINTED: 03/10/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1934	A. BUILDING 01 - MAIN BUILDING B. WING _____	03/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCKENDREE VILLAGE INC	4347 LEBANON ROAD HERMITAGE, TN 37076

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6- 08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observation it was determined the facility failed to comply with the Tennessee State Building Standards. The findings include: Observation of the 1st floor rehab handicapped bathroom on 3/7/11 at 12:00 PM, revealed no strobe light was installed in the handicapped bathroom. American Disability Act (ADA) I This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/7/11.	N 832	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction (PoC) does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. N 832 The signage for the Rehab bathroom on the 1st floor was modified to avoid the appearance of being handicapped accessible. A new sign will be installed which clearly identifies the bathroom as not being handicapped accessible. This will be monitored by the Facilities General Manager, maintenance staff, Emergency Management Planning Coordinator, Administrator, and/or designee. Completion date	March 31, 2011

Division of Health Care Facilities

Fred R. Levoy FRED R. LEVOY — TITLE: Administrator — (X6) DATE: March 23, 2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE